

State of Colorado  
Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

404041810

Date Received:

12/27/2024

## FIR RESOLUTION FORM

**Overall Status:**

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed  
0 Factual Review Request

### OPERATOR INFORMATION

ECMC Operator Number: 10749

Name of Operator: SIMCOE LLC

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) Fax: ( )

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Phone

Email

General

sjninspections@ikavenergy.com

### ECMC INSPECTION SUMMARY:

FIR Document Number: 714001455

Inspection Date: 11/05/2024

FIR Submit Date: 11/13/2024

FIR Status: \_\_\_\_\_

### Inspected Operator Information:

Company Name: SIMCOE LLC

Company Number: 10749

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

### LOCATION - Location ID: 333907

Location Name: BARNES-LEIDY GAS UNIT- N33N9W Number: 2SWNE County: \_\_\_\_\_

Qtrqr: SWNE Sec: 2 Twp: 33N Range: 9W Meridian: N

Latitude: 37.136005 Longitude: -107.792490

### FACILITY - API Number: 05-067- -00 Facility ID: 333907

Facility Name: BARNES-LEIDY GAS UNIT- N33N9W Number: 2SWNE

Qtrqr: SWNE Sec: 2 Twp: 33N Range: 9W Meridian: N

Latitude: 37.136005 Longitude: -107.792490

### CORRECTIVE ACTIONS:

1 CA# 200406

Corrective Action: Manage (i.e. mow) weed debris to encourage establishment of desirable vegetation and prevent debris dispersal.

Date: 11/20/2024

Response: CA COMPLETED

Date of Completion: 12/26/2024

Operator Comment: Weeds removed.

ECMC Decision:			
ECMC Representative:			

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CA# 200407

Corrective Action:	Comply with rule 1002f. Install or repair required BMPs.	Date:	11/20/2024
Response:	CA COMPLETED	Date of Completion:	12/26/2024
Operator Comment:	Erosion control repaired and wattles reset.		

ECMC Decision:			
ECMC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	Corrective Actions completed. See attachment for photos.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name:	Grace Bryson	Signed:	
Title:	Permitting Specialist I	Date:	12/27/2024 12:33:13 PM

### ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
404041810	FIR RESOLUTION SUBMITTED
404041812	Barnes Leidy 2,4 CA photos

Total Attach: 2 Files